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| ISSUE CLASSIFICATION | |
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| Class | Suit |
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| <p><i>RS</i> O.I.P.E.</p> <p>SCANNED <i>GG</i> Q.A. <i>MM</i></p> | PATENT DATE |
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|------------------------------|-----------------|--------------|----------|------------------|-------------------------|
| APPLICATION NO. 09/527188 | CONT/PRIOR D | CLASS 709 | SUBCLASS | ART UNIT 2787 | EXAMINER H. Jacobson |
|------------------------------|-----------------|--------------|----------|------------------|-------------------------|

WITNESSES:
David Greschler
Owen Mysliw
Stuart Schaefer

TITLE

Medical and nursing staff were informed and advised that the patient
was not to be moved.

PTO-2040
12/89

| ISSUING CLASSIFICATION | | | | | | | | | | | | |
|------------------------------|--|----------|--|--------------------|-----------------------------------|--|--|--|--|--|--|--|
| ORIGINAL | | | | CROSS REFERENCE(S) | | | | | | | | |
| CLASS | | SUBCLASS | | CLASS | SUBCLASS (ONE SUBCLASS PER BLOCK) | | | | | | | |
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| INTERNATIONAL CLASSIFICATION | | | | | | | | | | | | |
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| | Sheets Drwg. | Figs. Drwg. | Print Fig. | Total Claims |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed. | _____ (Assistant Examiner) _____ (Date) | | NOTICE OF ALLOWANCE MAILED | |
| | <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____ | | ISSUE FEE | |
| Amount Due | | | Date Paid | |
| <input type="checkbox"/> The terminal ____months of this patent have been disclaimed. | _____ (Primary Examiner) _____ (Date) | | ISSUE BATCH NUMBER | |
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